CENTRAL DIRECTORIES AND SLIDING SCALES

By L. L. DOCK

It is a good many years since we began talking about ways of meeting the needs of the patients with small means, and very little has been actually done. It was hoped that hourly nursing would largely fill the want, but I see that the last reports from the point where hourly nursing has been most systematically worked out, say that it has only done a part of what it aimed at, chiefly for the reason that, if a patient is very sick, a nurse is needed in the house all the time. Along with this question we find that in almost every annual discussion the Central or General Directory has the floor, and it seems to me strikingly evident that the solution of the one is only to be looked for in the masterly development of the other. The Johns Hopkins Alumnæ has given a clear demonstration of the superior effectiveness of an organization over an individual in putting the hourly nursing on a firm basis; the Toronto Central Directory has already tackled the problem of the patient with only small means; the Crerar work of Chicago is the work of an organization, not of an individual;—is it not plain, that the way to work it out, is not by calling upon individual nurses to run risks and break new ground, but by extending and improving our professionally-managed directories and by having them extend their usefulness and their enterprise?

It is a pity that nurses are so slow in seeing how large, active, useful, and commanding a position a solid central directory in every large town could fill, and how much it could do, both for nurses and for the public; it is such a pity that they are too timid or too conservative to give up the dozen small directory plants and unite all their forces in one big, strong one, which could undertake all sorts of things that a small one cannot. Very little can be done in this day and age without coördinate effort, and while some things may be better done by small groups, decidedly the many urgent openings and opportunities of the nursing profession could be much better met by large, unified, collective groups. I am sure the question of providing nurses to the patient of small means can only be answered by the central, controlling directory. First, it could meet the hourly nursing demand, as the Johns Hopkins Alumnæ has done. Second, it could employ all the known methods of providing continuous care to the patient of small means, and experiment with new methods. Thus it could try, (*a*) the Toronto method; or (*b*) keep a list of nurses who are willing to give time; or (*c*) maintain a

good corps of untrained attendants; or (*d*) solicit funds to pay the nurse a regular salary, while the patient pays what he can, as in Chicago, or develop a varying wage scale, as suggested by THE AMERICAN JOURNAL OF NURSING, or make use of all these different methods simultaneously.

Let us consider them one by one. (*a*) The Toronto method is obviously practicable with a good and well-managed organization, and the larger, more comprehensive it is, and the better it covers the ground. the better work it can do in experimenting.

(*b*) If planned for on a systematic and general scale, many nurses might be found willing to give some tithes of time who would never think of it if left to their own initiative.

(*c*) At present trained attendants and untrained are working chaotically and are almost always either imposing on some one or being imposed upon themselves. Now that the nurses have their R. N., I cannot see that it would be beneath their dignity to try to regulate and straighten out the attendants' and untrained women's work and it might help them considerably, besides being a good public service to get them into such places only as they were fitted for. [There is an immense amount of vile charlatanism now in many commercially-managed directories, where dismissed probationers, untrained women, attendants of all grades, women of doubtful morality, and fully-trained nurses are all taken on the same level, and most of this lamentable state of affairs is the result of the incapacity of private-duty nurses to rise to the occasion.]

(*d*) The Crerar Fund, which pays the nurse the current rate while the patient pays according to his means, is the most righteous thing we have yet for the subject under discussion. It meets the patient, too, in a business-like, impersonal way grateful to his feelings. No wage-earner or small-salaried man likes to ask a nurse to lower her rates, nor does he like to have her give him time if he knows it. But if he understands that there is a systematic provision made by a society or corporation for meeting his wants, he is ready to call upon it, state his occupation and income, and what he is able to pay, as they do under the Crerar Fund willingly. Now, it would be impossible for an individual nurse to get any one to pay her regular prices while she took cases at half-price, but a good prominent association would not find it at all impossible to raise such funds.

Finally, there is (*e*) the varying scale; *i. e.,* that the same nurse should sometimes work for $10 and sometimes for $20 a week, or now for $5 and again for $50. It would certainly be most perilous for the *average* individual nurse to attempt this. This, the whole example of modern industry shows. It could only be safely done under the prestige

and protection of a strong general organization. At least, it could be much more safely, more advantageously done, and in a more orderly and intelligent way. For a general directory can ask questions that the nurse cannot, and can stipulate in a way that she cannot.

By the way, it is not quite accurate to suppose that the present stationary charge of the private-duty nurse is a "trades-union" charge.* Probably no set of workers on earth ever had so little to do with their charges, or can so little take the credit of what they get, as nurses. The trained nurse's price was fixed years ago, when Bellevue was first founded, by the Bellevue managers, who certainly showed in this an uncommon liberality, for thirty years ago twenty-one dollars a week was unusually good pay for any woman. They took no example from older countries, but set the pay for a trained nurse at what they thought was right. The example has been followed all over the country, and nurses have gone out on this basis ever since, without giving their charges a thought. Practically, one may say, they have remained unchanged since that time, for though a small percentage of nurses in large cities and with their own clientele can demand rather more, the average cannot.

When private-duty nurses say they cannot take less than twenty-five dollars because they cannot live on it, not being sure of work all the time or of how many years they can work, they are beginning to realize industrial conditions. The work of a nurse is so very different from that of a physician, who treats twenty cases in a day while she has only one, for perhaps a month at a time, that it cannot be safely argued that she can charge his variable fees.

It is most uncertain that the same woman would be in a position to charge five dollars at one case and fifty at another; or, if here and there an exceptional woman is able to do this, it could certainly never be safe for the average one; besides it is to be noted that the well-known custom of the physician to make up on his rich patients what he loses on his poor ones is now being severely criticised even by physicians themselves. To make a high charge for skill and heavy work is justifiable, while to make a high charge just because your patron is rich and is able to pay it, does not seem, at least beyond certain bounds, to be an example worthy of emulation.

There would seem to be every reason for trying the Central Directory experiment; it offers a safe method of establishing the sliding scale which would refute absolutely the charge made so often by those opposed

* Because employers and employees often bargain together the wages of labor appear fixed, but the steady endeavor of labor is first, to prevent wages from being lowered, and to raise them whenever possible.

to nursing progress that "nursing is a trust, a trades-union" because nurses in self protection have held to a fixed charge; it obliterates school lines, now something of a block in professional progress, and it gives a safe and practical means of providing skilled nursing care for the great middle class.

SPECIAL FEEDING.

(Continued from page 865)

By KATHARINE DEWITT

II. *Bright's disease.*—This is usually a disease of years; a complete cure is not anticipated, but a regimen must be instituted which will give the patient the greatest amount of comfort possible and the greatest aid in continuing his work. It is believed to be caused by alcoholism or improper diet. There is an over-production of uric acid, a functional derangement of the liver; the urine is of a low specific gravity and is passed in larger amounts than is normal; thirst is increased. The points aimed at in treatment are to protect the kidneys from irritation, to strengthen the heart, and to maintain the general health. In early stages of the disease much may be accomplished by dietetic treatment. As the kidneys are the chief route for the excretion of products of nitrogenous waste, foods rich in proteids must be avoided. If a purely vegetable diet is tried, the patient grows too anæmic, and the kidneys are favored at the expense of the general health.

A milk diet is resorted to occasionally—always, during acute attacks—and sometimes it is adopted as a routine measure, once or twice a year, for several weeks at a time. The kidneys are usually so much improved after such a course that some meat can be borne and the patient will grow strong faster. The quantity of milk taken daily will depend on the age and strength of the patient and the amount of exercise he is able to take. From five to seven pints a day are enough for a person confined to his house and room. This is better borne if given at three hour intervals. It is usually better not to begin the milk diet abruptly, but to gradually substitute a glass of milk for some article of food until all others have been withdrawn; and the change to a more general diet is made in like manner. Milk is deficient in carbohydrates, and if the patient loses weight on it, though otherwise it agrees, a little farinaceous food may be added in the shape of rice or bread. The mouth must be thoroughly cleansed after each feeding to prevent the bad taste and consequent disin-